

NEW DRUG REQUEST

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THRU: <i>(Specify Department)</i> Chief		TO: Chief Pharmacy Services		FROM: <i>(Physician's Name and Location)</i>
1. GENERIC NAME		2. TRADE NAME(S)	3. MANUFACTURER	4. DOSAGE FORM(S)
				5. MONTHLY US- AGE <i>(Estimated)</i>
6. RECOMMENDATIONS <input type="checkbox"/> GENERAL USE <input type="checkbox"/> RESTRICTIONS <i>(Specify)</i>		<input type="checkbox"/> ONE TIME PURCHASE <input type="checkbox"/> CLINICAL TRIAL		7. THERAPEUTIC INDICATIONS
8. ADVANTAGES OF REQUESTED DRUG		9. DELETED DRUGS <i>(If new drug is approved)</i>		
DATE		TYPED NAME OF REQUESTING PHYSICIAN		SIGNATURE
<i>FOR COMPLETION BY CHIEF OF DEPARTMENT</i>				
10. RECOMMENDATIONS <input type="checkbox"/> ONE TIME PURCHASE <input type="checkbox"/> RESTRICTIONS <i>(Specify in Item 11)</i> <input type="checkbox"/> CLINICAL TRIAL		11. REMARKS <input type="checkbox"/> GENERAL USE <input type="checkbox"/> DISAPPROVED		
DATE		TYPED NAME AND TITLE		SIGNATURE
<i>FOR COMPLETION BY CHIEF, PHARMACY SERVICE</i>				
12. REMARKS/RECOMMENDATIONS				
13. COST COMPARISON				
<i>FOR COMPLETION BY THERAPEUTIC AGENTS BOARD</i>				
14. RECOMMENDATIONS <input type="checkbox"/> ONE TIME PURCHASE ONLY <input type="checkbox"/> STANDARDIZATION <input type="checkbox"/> GENERAL USE <input type="checkbox"/> RESTRICTIONS <i>(Specify in Item 15)</i> <input type="checkbox"/> CLINICAL TRIAL <input type="checkbox"/> DISAPPROVED <i>(Specify in Item 15)</i>				
15. REMARKS				
DATE		TYPED NAME AND TITLE		SIGNATURE